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ABSTRACT

This document presents a set of guidelines for high school suicide prevention programs which was created in 1986 by a panel of 71 professionals nationwide with expertise in the areas of suicide prevention and high school suicide prevention programs. Recommendations presented were obtained from responses to a series of three mailed questionnaires which solicited the opinions of professionals. The guidelines are intended to be used as an aid in creating suicide prevention programs or evaluating existing programs. A list of general recommendations is followed by recommendations for content of specific suicide awareness curricula for students, parents, teachers, and counselors. Additional information for parents is given. A life stress/life skills curriculum for students is included and additional programs and procedures for students are described. School policies and procedures for dealing with a suicidal student and for responding to a suicide are discussed. Qualifications for teaching suicide awareness to students are considered. A list of the panel members is included. (NB)

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GUIDELINES FOR HIGH SCHOOL SUICIDE PREVENTION PROGRAMS

by

Carolyn Evans Lennox

CG 020462

U.S. DEPARTMENT OF EDUCATION
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GUIDELINES FOR HIGH SCHOOL SUICIDE PREVENTION PROGRAMS

INTRODUCTION

This set of guidelines for high school suicide prevention programs was created in 1986 by a panel of seventy-one professionals from around the country with expertise in the areas of suicide prevention and high school suicide prevention programs. The Delphi research technique, consisting of a series of three mailed questionnaires, was used to gather the opinions and establish consensus among the panelists regarding the guidelines. Although all of the recommendations presented here have been agreed upon by the majority of the panel, individual panelists may have different opinions concerning specific items.

This set of guidelines is not designed to be a model school suicide prevention program. It is to be used as an aid in creating new suicide prevention programs or evaluating existing ones. Since school systems and communities differ across the country, these guidelines need to be applied with sensitivity to local situations. When implementing programs on a local level, consultation with individuals who have experience with these types of programs is highly recommended.

These guidelines were compiled by Carolyn Lennox, MSSW, as part of her doctoral studies in the Department of Counseling and Guidance, East Texas State University.

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GENERAL RECOMMENDATIONS

Suicide prevention should be integrated into a comprehensive program which promotes the physical and emotional wellness of students.

Lectures/coursework on mental-health related topics should be included as a regular practice in the school curriculum.

Emphasis should be on health and appropriate problem solving rather than on dramatizing the problem while underemphasizing or ignoring the solution.

Suicide prevention efforts should begin in the elementary grades with the focus on teaching children how to deal with their feelings, problem solving, and development of self-esteem.

Education concerning death and loss should be given in middle school.

To be effective, a school-based suicide prevention program must be part of a community network which helps to identify and provide services to depressed, suicidal youth. To expect schools to solve the problem alone is setting them up for failure.

A major issue is getting school boards, principals, etc. to agree that suicide prevention programs are important and needed. Include presentations at school board meetings, administrative meetings, etc.

Train all school personnel, including administration, librarians, bus drivers, office and lunch workers, custodians in basic information about suicide and what they can do to help prevent it.

Teachers and counselors should be involved in establishing school suicide prevention/intervention policy and procedures.

Ongoing training in mental health issues should be provided to teachers, counselors, administrators.

High quality professional supervision and consultation should be made available to counseling staff.

A course on suicidology should be included in the curriculum taught to counselors in graduate schools.

More research is needed on the effectiveness of suicide prevention activities in the schools.

SUICIDE AWARENESS CURRICULUM FOR STUDENTS

(Items marked with an asterisk (*) are recommended for all four groups: students, parents, teachers, and counselors)

Facts and Theories

* stresses adolescents are under today

* myths about suicide, particularly those that prevent friends (and parents) from intervening

* factors leading to suicidal feelings (background, loss, triggering event, lack of support systems, etc.)

* relationship of drug and alcohol abuse to suicide

* relationship between stress and suicide

* common feelings in suicide and suicide attempts

* warning signs: verbal, behavioral and situational

* subtle nature of clues and that they are generally not noticed until after attempt is made

* importance of prior attempt

Depression

* close association between suicide and depression

  natural course of depression (there is always relief from depression eventually)

* risk of suicide when depression begins to lift

* signs of depression, particularly the way in which depression can manifest itself in acting out behaviors such as substance abuse, dropping out, delinquency, etc.

* the link between depression and loss and helplessness

  how and in what ways friends and others can help people suffering from depression

* coping with one's own feelings of depression

Crisis Intervention

* importance of asking directly about suicide

* importance of taking seriously

* importance of acting quickly

  importance of telling an adult

* importance of getting professional help

  importance of removing means

* value of support and help

* communication skills: active listening, how to translate emotions into words/body language.

* specifics about what to say and what not to say

  issues related to telling someone else

* handling refusal/reluctance to seek help

* list of reasonable and accessible community resources and how to use them

* emphasis on crisis line as a resource if available

  explanation of psychotherapy process: desensitize issue of going for help

* what to do if you are thinking of suicide (the importance of getting help)

Death, Dying and Grief

* common feelings, reactions to loss of someone close particularly if death was a suicide

* an understanding of the vulnerability of survivors to suicidal impulses in the aftermath of a close friend's death

Attitudes/Philosophies

* getting help is a strength

* suicide is a solution to a time-limited crisis--better alternatives are available

* you are your brother's/sister's keeper (within limits): in the sense that it is important to care enough to get help for others when needed

* suicide is not reversible

* it is okay to talk about suicide (your own and others)

* it is normal to have occasional thoughts of suicide

* importance of being aware of one's own attitudes about suicide and suicidal adolescents

* suicide doesn't just happen to strangers, it can happen within your own family or circle of friends

* students, parents, teachers, and counselors can play an important role in the prevention of suicide

Format

* presentation should be realistic and not glorify suicide

* films must be carefully reviewed

* Small group discussion is best format

  importance of follow-up with individuals after group sessions

* give participants an opportunity to explore personal reactions

  if outside speaker does the presentation, classroom teachers should be present for continuity

* printed and easy-to-read information available on warning signals, how to respond, and who to turn to for additional information or help

Recommended Grade Levels

For Suicide Awareness Curricula

Panelists had varied opinions concerning the grade levels at which a suicide awareness curriculum, such as the one above, should be taught. The median grade level for beginning education in suicide awareness was 6.36. Two thirds of the panelists favored beginning training in grade 5, 6 or 7. Panelists favored presenting information on suicide prevention an average of 6.41 times during grades K through 12.

SUICIDE AWARENESS CURRICULUM FOR PARENTS

(Items marked with an asterisk (*) are recommended for all four groups: students, parents, teachers, and counselors.)

Facts and Theories

* stresses adolescents are under today

* myths about suicide, particularly those that prevent friends and parents from intervening

* factors leading to suicidal feelings (background, loss, triggering event, lack of support systems, etc.)

* relationship of drug and alcohol abuse to suicide

* relationship between stress and suicide

* common feelings in suicide and suicide attempts

  suicide as a form of communication

* warning signs: verbal, behavioral and situational

* subtle nature of clues and that they are generally not noticed until after attempt is made

  identification of high risk adolescents

* importance of prior attempt

Depression

* close association between suicide and depression

* natural course of depression (there is always relief from depression eventually)

* risk of suicide when depression begins to lift

* signs of depression, particularly the way in which depression can manifest itself in acting out behaviors such as substance abuse, dropping out, delinquency, etc.

* the link between depression and loss and helplessness

  those features of adolescence that induce depression

  how and in what ways friends and others can help people suffering from depression

* coping with one's own feelings of depression

Crisis Intervention

* importance of asking directly about suicide
* importance of taking seriously
* importance of acting quickly

  importance of telling an adult

* importance of getting professional help
* importance of removing means

  assessment of lethality

* value of support and help
* communication skills: active listening, how to translate emotions into words/body language.
* specifics about what to say and what not to say

  inappropriate use of criticism

  issues related to telling someone else

* handling refusal/reluctance to seek help
* list of reasonable and accessible community resources and how to use them
* emphasis on crisis line as a resource if available

  deal with common fears

* what to do if you are thinking of suicide (the importance of getting help)

Death, Dying and Grief

* common feelings, reactions to loss of someone close particularly if death was a suicide
* an understanding of the vulnerability of survivors to suicidal impulses in the aftermath of a close friend's death

Attitudes/Philosophies

* getting help is a strength
* suicide is a solution to a time-limited crisis--better alternatives are available

* you are your brother's/sister's keeper (within limits) in the sense that it is important to care enough to get help for others when needed

* suicide is not reversible

* it is okay to talk about suicide (your own and others)

* it is normal to have occasional thoughts of suicide

* importance of being aware of one's own attitudes about suicide and suicidal adolescents

* suicide doesn't just happen to strangers, it can happen within your own family or circle of friends

* students, parents, teachers and counselors can play an important role in the prevention of suicide

Format

* presentation should be realistic and not glorify suicide

* films must be carefully reviewed

* small group discussion is best format

* give participants an opportunity to explore personal reactions

* printed and easy-to-read information available on warning signals, how to respond, and who to turn to for additional information or help

LIFE STRESS/LIFE SKILLS CURRICULUM FOR STUDENTS

(To be included in a comprehensive suicide prevention program)

Life Stress

knowledge of "normal" adolescent development

adolescence as a period of transition for youth and parents

self-esteem/self-image: how they develop and change

peer relationships

peer pressure

loneliness

family situations: divorce, step parent, single parent

sex and responsibility

drug and alcohol use and abuse

peer rejection

family violence

mental health/mental illness

characteristics of youth under stress

Life Skills

esteem-building with teens

communication skills

problem-solving skills

setting realistic goals for oneself and granting oneself permission to change them

identification of stressors in daily life along with basic stress management techniques

alternative-generating skills

learning to cope with adversity

ways to deal with anger

decision-making skills

coping strategies to handle "normal" stress and negative feelings

rejection: how to fail; how to cope

self-defeating behaviors and how to avoid them

Recommended Grade Levels

For Life Stress/Life Skills Curricula

There was little agreement among the panelists concerning when life stress/life skills training should begin. The most frequently suggested grade for beginning training was kindergarten (26%). 50% of the panel favored beginning training in the fourth grade or earlier. 75% of the panel favored beginning before eighth grade. Panelists recommended that life stress/life skills training be offered an average of 8.6 times within grades K through 12.

ADDITIONAL INFORMATION FOR PARENTS

(to be included in a comprehensive suicide prevention program)

communication skills

importance of communication with their child, developing closeness, sharing experience

parenting skills

ways to help develop self-esteem in teens

values clarification

rational approaches to setting limits and other issues related to discipline

characteristics of youth who abuse substances

recognizing symptoms of stress

keeping expectations realistic

SUICIDE AWARENESS CURRICULUM FOR TEACHERS

(Items marked with an asterisk (*) are recommended for all four groups: students, parents, teachers, and counselors.)

Facts and Theories

definition of suicide

accurate statistics on teenage suicide and suicide attempts at the local, state and national level.

* stresses adolescents are under today

* myths about suicide, particularly those that prevent friends (and parents) from intervening

* factors leading to suicidal feelings (background, loss, triggering event, lack of support systems, etc.)

common feelings in suicide and suicide attempts

* relationship of drug and alcohol abuse to suicide

* relationship between stress and suicide

suicide as a form of communication

family dynamics involved in suicide

commonalities of suicidal behavior, regardless of age

dynamics of suicidal crisis

facts about the outcome of suicide attempts (physical and psychological)

* warning signs: verbal, behavioral and situational

emphasis on warning signs observable in the classroom: changes in behavior, classwork, art, music, writing assignments

identification of high risk adolescents

* importance of prior attempt

* subtle nature of clues and that they are generally not noticed until after the attempt is made.

Depression

* close association between suicide and depression
* risk of suicide when depression begins to lift
* signs of depression, particularly the way in which depression can manifest itself in acting out behaviors such as substance abuse, dropping out, delinquency, etc.
* the link between depression and loss and helplessness
* those features of adolescence that induce depression
* how to reach out to troubled adolescents
* coping with one's own feelings of depression

School Policy and Procedure

defining a realistic role for the schools to play

clear statement of administrative and professional support

a very specific hands-on, written down policy and procedure on what to do and how to do it

professional issues: ethics, fears, limits of responsibility, confidentiality

legal obligations

Crisis Intervention

* importance of asking directly about suicide
* importance of taking seriously
* importance of acting quickly
* importance of getting professional help
* value of support and help
* communication skills: active listening, how to translate emotions into words/body language.
* specifics about what to say and what not to say

inappropriate use of criticism

* how to handle reluctance/refusal to seek help

importance of being honest with student

how and when to talk with parents/caretakers

* list of reasonable and accessible community resources and how to use them

* emphasize crisis line as a resource if available

deal with fears

* what to do if you (teachers/counselors) are thinking of suicide (the importance of getting help)

Death, Dying and Grief

* common feelings, reactions to loss of someone close particularly if death was a suicide

* an understanding of the vulnerability of survivors to suicidal impulses in the aftermath of a close friend's death

Implementing Programs

examples of successful programs

presentation of curriculum guide on suicide prevention education for teachers/counselors who will be instructing students

discussion of support for teachers

feasibility of intervention by non-clinical professionals

Attitudes/Philosophies

* getting help is a strength

* suicide is a solution to a time-limited crisis--better alternatives are available

* You are your brother's/sister's keeper (within limits): in the sense that it is important to care and to be willing to seek help for others

* suicide is not reversible

* it is okay to talk about suicide (your own and others)

* it is normal to have occasional thoughts of suicide

* importance of being aware of one's own attitudes about suicide and suicidal adolescents

* suicide doesn't just happen to strangers, it can happen within your own family or circle of friends

* students/parents/teachers/counselors can play an important role in the prevention of suicide

Format

* presentation should be realistic and not glorify suicide

* films must be carefully reviewed

* Small group discussion is best format

  importance of follow-up with individuals after group sessions

* give participants an opportunity to explore personal reactions

* printed and easy-to-read information available on warning signs, how to respond, and who to turn to for additional information or help

SUICIDE AWARENESS CURRICULUM FOR COUNSELORS

(Items marked with an asterisk (*) are recommended for all four groups: students, parents, teachers, and counselors.)

Facts and Theories

definition of suicide

accurate statistics on teenage suicide and suicide attempts at the local, state and national level.

* stresses adolescents are under today

* myths about suicide, particularly those that prevent friends and parents from intervening

* factors leading to suicidal feelings (background, loss, triggering event, lack of support systems, etc.)

common feelings in suicide and suicide attempts

* relationship of drug and alcohol abuse to suicide

* relationship between stress and suicide

the role of anger

suicide as a form of communication

family dynamics involved in suicide

commonalities of suicidal behavior, regardless of age

dynamics of suicidal crisis

facts about the outcome of suicide attempts (physical and psychological)

* warning signs: verbal, behavioral and situational

emphasis on warning signs observable in the classroom: changes in behavior, classwork, art, music, writing assignments

identification of high risk adolescents

* importance of prior attempt

* subtle nature of clues and that they are generally not noticed until after the attempt is made.

Depression

* close association between suicide and depression

* risk of suicide when depression begins to lift

* signs of depression, particularly the way in which depression can manifest itself in acting out behaviors such as substance abuse, dropping out, delinquency, etc.

* the link between depression and loss and helplessness

  those features of adolescence that induce depression

  normal versus abnormal depression

  how to reach out to troubled adolescents

  understanding your own reactions to working with a depressed teenager

* coping with one's own feelings of depression

School Policy and Procedure

  defining a realistic role for the schools to play

  the primary responsibility of the school is identification and referral

  school counselors should not be responsible for treatment

  clear statement of administrative and professional support

  professional issues: ethics, fears, limits of responsibility, confidentiality

  legal obligations

  avoiding burn-out: knowing the limits and responsibilities of your role

Crisis Intervention

  definition of crisis

  the suicidal crisis is time-limited: the task of intervention is to put a floor under the depression, to support the potential victim until the crisis passes.

  conducting a crisis interview

* importance of asking directly about suicide

* importance of taking seriously

* importance of acting quickly

* importance of getting professional help

assessment of lethality

use of assessment tools to identify suicidal youngsters

* value of support and help

* communication skills: active listening, how to translate emotions into words/body language.

* specifics about what to say and what not to say

inappropriate use of criticism

* how to handle reluctance/refusal to seek help

importance of being honest with student

how and when to talk with parents/caretakers

how to work with families of suicidal adolescents until follow up with mental health professionals is available

* list of reasonable and accessible community resources and how to use them

knowledge of extended community resources

referral process and procedures--importance of following up

* emphasize crisis line as a resource if available

deal with fears

* explanation of of psychotherapy process: desensitize issue of going for help

knowledge of basic treatment strategies

importance of consultation with more experienced professionals

* what to do if you (teachers/counselors) are thinking of suicide (the importance of getting help)

Death, Dying and Grief

* common feelings, reactions to loss of someone close particularly if death was a suicide

* an understanding of the vulnerability of survivors to suicidal impulses in the aftermath of a close friend's death

Implementing Programs

examples of successful programs

presentation of curriculum guide on suicide prevention education for teachers/counselors who will be instructing students

how to begin and monitor support groups for students

helping teachers identify/work with the depressed teenager

discussion of support for teachers

support strategies for suicide attempters and survivors

feasibility of intervention by non-clinical professionals

Attitudes/Philosophies

* getting help is a strength

* suicide is a solution to a time-limited crisis--better alternatives are available

* you are your brother's/sister's keeper (within limits): in the sense that it is important to care and to be willing to seek help for others

* suicide is not reversible

* it is okay to talk about suicide (your own and others)

* it is normal to have occasional thoughts of suicide

* importance of being aware of one's own attitudes about suicide and suicidal adolescents

* suicide doesn't just happen to strangers, it can happen within your own family or circle of friends

* students/parents/teachers/counselors can play an important role in the prevention of suicide

Format

* presentation should be realistic and not glorify suicide

* films must be carefully reviewed

* small group discussion is best format

  experiential activities (practice in interviewing, assembling the team and formulating an intervention plan)

  importance of follow-up with individuals after group sessions

* give participants an opportunity to explore personal reactions

  provide list of books and articles about topic

* printed and easy-to-read information available on warning signs, how to respond, and who to turn to for additional information or help

ADDITIONAL PROGRAMS/PROCEDURES FOR STUDENTS

(To be included in a comprehensive suicide prevention program)

School counselors should be allowed time to provide training and consultation to faculty and counseling to students.

There is a need for a multitude of programs to enhance student self-esteem i.e. academic, extra curricular and social opportunities.

Health education should have strong focus on emotional and mental health.

All teaching should stress the development of a positive sense of self, and decision-making skills.

Groups for teens led by professionals, dealing with specific issues such as teen pregnancy, chemical abuse, step families, or loss of a parent, should be available.

New student orientation/support programs are recommended.

Students who see nurse frequently should be screened for possible suicidal ideation.

Students who are referred for abuse or neglect should be screened for possible suicidal ideation.

Students who are truant or who drop out should be carefully reviewed and screened.

Outreach is needed to student scapegoats.

Big sister/big brother programs are recommended.

SCHOOL POLICY/PROCEDURES WHEN DEALING WITH A SUICIDAL STUDENT

Use the established system which everyone (all school personnel) should have been given in writing.

Utilize a crisis team who can intervene, such as counselor, social worker and nurse.

Have one person designated to coordinate school's efforts.

The student's teacher and/or counselor should always talk with the student to assess risk.

Don't make "deals" with students who tell you they are suicidal, e.g. "Don't worry, I won't tell anyone".

Get information from multiple teachers/staff.

School has the responsibility to insure that a qualified person does a suicide lethality assessment.

After lethality is determined, and depending on the degree of lethality, a decision should be made as to whether this should be handled internally or whether outside referrals are needed.

If parents/family refuse to get help, then child protective services need to be called in to conduct a "neglect" investigation.

Student should be protected from public prying and public knowledge of his/her crisis.

Family doctor should be notified if part of agreed upon treatment plan

Parents should be given resource information and assistance in accessing these resources.

Plans for student's departure from school should take into consideration student's vulnerability e.g. do not send student home to empty house.

Referrals should only be given to therapists or agencies qualified to deal with suicidal adolescents.

Follow-up needs to be done to ensure that the student/family gets needed help.

Close communication, and monitoring, by principal, teacher, aides, counselor, parent is essential.

Procedures should not involve expulsion.

Provide space and time where student can talk about his/her feelings in school.

The entire incident needs to be documented.

A release of information should be signed if information is shared between therapist and school personnel.

SCHOOL POLICY/PROCEDURES AFTER A SUICIDE

Have predetermined plans on who will do what and when.

Don't hide it, cover it up, or try to make excuses for it.

Utilize pre-existing telephone chain to inform teachers of student's death.

Inform teachers immediately if death occurs during school day.

Interventions with students should begin the next school day after death is known.

In-service should be held with staff to formally acknowledge loss of the student and to reinforce knowledge of warning signs and the importance of immediate help.

Immediately identify those students who were friends and/or who talked with the victim prior to the suicide and counsel these students individually, or collectively regarding their grief/guilt feelings.

Counseling services should be provided on a voluntary basis.

Provide the option of further individual treatment by school or local mental health professionals for distressed students.

Keep track of those students who had previously expressed suicidal behaviors or who are under a lot of stress.

Do not dismiss school the day of the funeral, but permit friends to attend.

Structure is very important. If school responds by letting kids talk endlessly, canceling classes and in general providing no structure, panic will increase among students.

Ask psychologist, counselors, and other outside professionals to come to the school and let students drop-in to see them during school day (in addition to regular school personnel).

Consult with specialists about actions to be taken.

Stress to adolescents the importance of talking about feelings--especially as they occur now.

Be willing to share your sadness, anger, fear, etc.

Beware of too much praise, glory etc. paid to suicidal student.

Provide information about how teens feel after a death to validate their feelings.

Post phone numbers of resources, including hot line.

Issue an invitation to those who would like to meet and discuss their feelings in a small group.

Alert family members and close friends to the availability of support groups for survivors of suicide.

Periodic follow-up with friends of suicide victim is essential for prevention of contagion.

Classmates should be allowed to do something concrete to help work out feelings e.g. donation of money toward books for library or memorial gift.

QUALIFICATIONS FOR TEACHING SUICIDE AWARENESS TO STUDENTS

The panel did not endorse any specific educational or experiental requirements for teaching suicide awareness for students. A variety of opinions was expressed on this issue. The following general characteristics, however, were recommended.

group facilitation skills

public speaking experience

training in delivery of presentations to make knowledge relevant to the group being addressed and to be able to elicit and respond to audience reaction and questions

concern for problem

willingness to present "approved" information

belief that suicide can be prevented and an awareness of own limits

in touch with own feelings

ability to relate to and understand an adolescent audience

ability to convince adolescents he/she is trustworthy

cultural sensitivity/social norms

stable personality

ability to communicate the desire to help and not be critical

ability to be clear and candid--able to encourage spontaneous participation, empathetic and reflective, avoid lecturing as mode of presentation

ability to deal with the feelings that often surface during the presentation, whether it be a survivor who has lost someone very close, someone who has attempted or someone who is currently in suicidal crisis

available for follow-up with schools

should not make presentations about a range of issues--suicide shouldn't be mixed in with numerous other subjects, losing its special importance

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